

## (1) PLACE OF BIRTH

County of AndersonTownship of Conner

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 30X

File No. For State Registrar Only

28770Registered No. 91  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Agnes Cynthia Parker

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order or birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

(28)

19 Registrar

Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MACHINE REPRODUCED FOR BINDING.  
 WITH UNFOLDING ENCL—THIS IS A PRELIMINARY RECORD.  
 IN CASE OF TWINNING OR TRIPLETING USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 BUREAU OF COLUMBIA, COLUMBIA, S. C.